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November 9, 2015

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Sachi A. Hamai
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

MOTION BY SUPERVISORS RIDLEY-THOMAS AND KNABE AND AMENDMENT BY MAYOR ANTONOVICH AND SUPERVISORS SOLIS AND KUEHL ON PREVENTING CHILD SEX TRAFFICKING AT HOTELS/MOTELS RECEIVING COUNTY VOUCHERS (AUGUST 11, 2015)

This is to provide the Board with a 90-day report on the information requested in the August 11, 2015, Board Motion. The Board directed the Chief Executive Officer (CEO) to work with the Department of Public Social Services (DPSS) and Los Angeles Homeless Services Authority (LAHSA) to develop a revised General Relief (GR) Emergency Housing Program aimed at phasing-out the use of hotels/motels, expanding the use of homeless crisis housing programs, and creating a pathway to permanent housing. The motion also instructed DPSS and LAHSA to utilize targeted interventions and resource strategies for particularly vulnerable populations (i.e., disabled applicants and transition-aged youth).

DPSS and LAHSA have identified opportunities to merge the GR Emergency Housing Program into LAHSA's Coordinated Entry System. Doing so will greatly enhance the GR program by making available not only emergency housing, but important case management support through LAHSA's infrastructure.

The attached Targeted Interventions and Resource Strategies Initiative Report provides the progress achieved on the following six items identified in the Board Motion:

1. A description of the current GR Emergency Housing Program, including the ways in which applicants access the program, how the department funds the program, existing case management practices and procedures, including how

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disability is obtained, how disabled applicants are linked to appropriate mental health treatment, primary healthcare, substance abuse treatment and a description of the training provided to DPSS staff to identify and support homeless and disabled applicants and outcomes for participants in the program;

2. The feasibility of providing emergency housing through crisis housing provided by homeless service agencies instead of motels, including the rate per night to provide adequate housing, a recommendation for the appropriate length of stay in crisis housing, recommendations regarding whether assessment and/or an initial meeting with a case manager at crisis housing sites should be required for GR applicants, whether GR applicants with disabilities should be provided with a greater length of stay in crisis housing, as well as receiving additional case management, and whether GR applicants under the age of 26 years old should receive specialized crisis housing, extended length of stay, and case management;
3. Additional information on the feasibility of providing 24-hour per day crisis housing, geographically dispersed crisis housing, and crisis housing that would provide applicants with private rooms and/or congregate crisis housing;
4. Opportunities for linking GR applicants who need crisis housing with the coordinated entry system in Los Angeles County, the GR Housing Subsidy Program, Single Adult Model (SAM) and/or other systems to address long-term housing needs, the Homeless Management Information System, and/or diversion from the homeless system when possible;
5. A timeline for phasing-out the use of motels in the Emergency Housing Program; and
6. An update regarding housing referrals and outcomes from DPSS related to the November 12, 2013 Board Motion which directed the Interim CEO, in coordination with the Directors of Mental Health, Public Social Services, and the Interim Director of Public Health to establish a SAM plan to provide an infrastructure to reduce homelessness for the single adult population.

DPSS and LAHSA are part of the Countywide effort to address homelessness in Los Angeles County as key partners in the Homeless Initiative Planning Process. This process includes a series of policy summits addressing key issues impacting homelessness. Crisis and transitional housing are key components of several of the Policy Summit focus areas and, as such, strategies around these issues will be included in the coordinated set of County strategies that will be submitted for consideration by the Board in February 2016.

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In the interim, DPSS and LAHSA will continue working together to structure a more comprehensive and supportive GR Emergency Housing Program, which will include access to homeless crisis housing programs and enhanced services to provide a link to permanent housing. Additionally, DPSS and LAHSA will ensure that services are accessible and meet the special needs of homeless GR applicants who are disabled or transition age youth.

Please let me know if you have any questions or your staff may contact Phil Ansell, Director, Homeless Initiative at 213-974-1752 or at pansell@ceo.lacounty.gov.

SAH:JJ:PA
LC:ib

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Public Social Services
Los Angeles Homeless Services Authority



**DEPARTMENT OF PUBLIC SOCIAL SERVICES
GENERAL RELIEF EMERGENCY SHELTER PROGRAM
AND FUTURE ENHANCEMENTS REPORT**



1. A description of the current GR Emergency Housing Program, including the ways in which applicants access the program, how the department funds the program, existing case management practices and procedures, including how disability is obtained, how disabled applicants are linked to appropriate mental health treatment, primary healthcare, substance abuse treatment and a description of the training provided to DPSS staff to identify and support homeless and disabled applicants and outcomes for participants in the program.

General Relief (GR) Emergency Housing Program

The Department of Public Social Services (DPSS) GR Emergency Housing Program provides temporary shelter for homeless GR applicants **while their application is pending**. Individuals who declare to be homeless and appear to be otherwise eligible to GR benefits are offered vouchers that are redeemable at hotels/motels and emergency shelters participating in the DPSS GR Emergency Housing Program. There are approximately 32 vendor hotels/motels and three contracted shelters participating in the program.

The DPSS district office issues vouchers directly to the homeless applicant, after first calling the hotel/motel/shelter for a reservation. Each homeless applicant signs a form to document that he/she either declined or accepted a voucher. The form explains that once a voucher is accepted and issued, a portion of the voucher cost is deducted from the applicant's GR grant upon case approval, whether or not the individual uses it. The applicant then takes the voucher to the hotel/motel or shelter.

Each voucher is good for up to 14 days. DPSS pays \$24.00 per night for the hotel/motel room/shelter bed. Of this, \$4.53 per night is deducted from the GR grant **upon case approval**. The hotels/motels and contracted shelters combined make available a maximum of 657 shelter beds per night. However, during the first half of the 2015 calendar year, on average, the nightly usage was 276. The program is funded entirely with net County cost (NCC) funds. The actual voucher expenditures for Fiscal Year 2014-2015 were \$3,660,678.

Currently, there is no case management component attached to these services. However, as noted in Section 2 of this report, DPSS is collaborating with Los Angeles Homeless Services Authority (LAHSA) to identify a comprehensive array of additional services to support GR applicants on their path to crisis housing, temporary housing, and ultimately permanent housing. These enhanced services will include a case management component.

Disabled GR Applicants

Effective January 2014, with the implementation of the Affordable Care Act, GR applicants became eligible for Medi-Cal benefits and have access to a managed care health plan. Upon Medi-Cal approval, they receive a full-range of medical services through a plan-approved Primary Care Physician (PCP).

For purposes of GR Program participation, DPSS defines "disability" as having a medical condition that prevents GR applicants/participants from engaging in full-time sedentary work. The Physical Health Assessment process was designed to assist GR applicants/participants who are unable to work due to a medical physical health condition. As such, all GR applicants who self-declare to have such a condition are required to verify their condition with medical documentation from their medical provider. GR applicants who do not have a medical provider, or whose Medi-Cal case is pending, are referred to Federally Qualified Health Centers for a Physical Health Assessment. The results of these assessments are shared with DPSS. GR applicants who are assigned to the Department of Health Services (DHS) as their medical provider are assisted by DPSS to schedule an assessment appointment with their PCP. If a PCP is yet to be established, a dedicated DHS Disability Assessment Team performs the initial Disability Assessment and communicates the results to DPSS.

If the disability is verified and the GR case is subsequently approved, the GR participant is exempt from the GR work requirements for the duration of the time stipulated in the medical verification. Based on the medical verification, the applicant/participant is classified as "Employable" or "Unemployable."

Unemployable GR participants are exempt from participating in the General Relief Opportunities for Work (GROW) Program. To meet GR work requirements, GR participants deemed Employable are referred to the GROW Program, which is the employment preparation program for GR participants.

Unemployable GR applicants/participants whose disability is expected to last 12 months or more are determined to be Permanently Unemployable and are referred to the DPSS GR Supplemental Security Income & Medi-Cal Advocacy Program (SSIMAP) for assistance with applying for Supplemental Security Income (SSI) benefits. If the disability duration is less than 12 months, the applicant/participant is designated as Temporarily Unemployable until his/her condition warrants a change in employability status.

Identification and Assessment of Mental Health Needs

The Mental Health Assessment process was designed to assist GR applicants/participants who are unable to work due to a mental health disability. Applicants/participants are referred for a Mental Health Assessment with qualified clinicians from the Department of Mental Health (DMH) who are co-located at all 14 GR district offices. GR applicants are referred for a Mental Health Assessment under the following circumstances: 1) a mental health condition is observed; 2) the GR applicant/participant requests a Mental Health Assessment; or 3) a GR applicant discloses that he/she is not able to work due to a mental health issue.

Based on the Mental Health Assessment results from the Clinician, the applicant/participant is classified as "Needing Special Assistance (NSA)" or "Not NSA". NSA is the DPSS designation for an individual who has a mental health disability. If the individual does not have a mental health disability, the GR applicant/participant is referred to the GROW Program for employment preparation services. If the applicant is determined to have a mental health disability that is expected to last 12 or more months, he/she is deemed Permanently NSA and is referred to the SSIMAP for assistance with applying for SSI, or, if the disability duration is less than 12 months, he/she is designated as Temporary NSA.

During the Mental Health Assessment appointment, the DMH Clinician also assesses the GR applicant's/participant's need for mental health treatment. If treatment is needed, the Clinician makes an appointment with a DMH Outpatient facility closest to the participant's residence for ongoing services, as appropriate.

Mandatory Substance Use Disorder Recovery Program (MSUDRP)

Based on the Board's action, DPSS and DPH-Substance Abuse Prevention and Control (DPH-SAPC) developed the Mandatory Substance Use Disorder Recovery Program (MSUDRP), formerly known as Mandatory Substance Abuse Recovery Program (MSARP). The Program, implemented on November 1, 1997, is designed to assist GR applicants/participants with substance use disorders to recover from their chemical dependency.

As a condition of GR eligibility, all applicants/participants are required to undergo a pre-screening interview to identify whether the applicant has an alcohol or other drug problem. If there is a reasonable suspicion of an alcohol or drug problem, the GR applicant/participant is referred to a DPH-SAPC contracted Community Assessment Service Center (CASC) to be professionally evaluated.

GR participants with a positive assessment result and found to have an alcohol or other drug problem are referred by the CASC to one of the following treatment programs: detox, residential, or outpatient, all of which are provided by DPH-contracted treatment providers. Once referred to and enrolled in a treatment program, the participant must comply with all MSUDRP requirements to maintain eligibility for the GR Program.

Training provided to DPSS staff to identify and support homeless disabled applicants

As part of GR Eligibility staff training, staff is trained to discuss available housing services with to all eligible applicants who self-declare they are homeless or do not have permanent housing. Homeless applicants are offered either an Emergency Housing Voucher; in some DPSS GR District Offices, housing subsidies are available and are offered to applicants who are eligible for this service.

All DPSS public-contact staff in the 14 GR District Offices are provided mental health recognition and sensitivity training annually by DMH staff. The goal of the training is to aid staff in identifying GR applicants/participants with mental disabilities. This training is provided annually, or on an as needed basis. The last training was conducted from February 2015 through July 2015.



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2. *The feasibility of providing emergency housing through crisis housing provided by homeless service agencies instead of motels, including the rate per night to provide adequate housing, a recommendation for the appropriate length of stay in crisis housing, recommendations regarding whether assessment and/or an initial meeting with a case manager at crisis housing sites should be required GR applicants, whether GR applicants with disabilities should be provided with a greater length of stay in crisis housing, as well as receiving additional case management, and whether GR applicants under the age of 26 years old should receive specialized crisis housing, extended length of stay, and case management*

The Los Angeles Homeless Services Authority (LAHSA) and DPSS have assessed the feasibility of providing emergency housing through crisis housing provided by homeless service agencies instead of hotels/motels. LAHSA's crisis housing and DPSS' Emergency Housing Program function similarly and can be aligned to create additional shelter beds through the redirection of GR Emergency Housing Program funds.

LAHSA is available to participate in a Request for Proposal (RFP) process to procure services with its shelter service providers to provide crisis housing along with case management services to GR homeless applicants. An initial survey of LAHSA's current shelter providers indicated that there were over 400 beds that could be secured with additional funds from the County, which provides a great opportunity to expand shelter services. LAHSA can develop and issue a RFP related to the specific requirements of the DPSS Emergency Housing Program.

LAHSA proposes increasing DPSS' nightly bed rate from \$24 per night to \$25 per night to align with LAHSA's other 24-hour crisis housing contracts. No standard length-of-stay in crisis housing recommendation can be made as that determination should be based on each individual's employability and level of functioning, as assessed through the use of the Coordinated Entry System (CES) Survey Tool, as well as, any other applicable assessments deemed necessary by DPSS or other partners. All program stakeholders agree that GR applicants with disabilities should be provided with a greater length of stay in crisis housing, as well as receive additional case management. In addition, GR applicants under the age of 26 years old should receive specialized crisis housing, extended length of stay, and case management.



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3. Additional information on the feasibility of providing 24-hour per day crisis housing, geographically dispersed crisis housing, and crisis housing that would provide applicants with private rooms and/or congregate crisis housing

LAHSA's current crisis housing program is in alignment with DPSS' Emergency Housing Program. Therefore, LAHSA is able to develop, in collaboration with DPSS, an RFP for services which could mirror its 24-hour reserved crisis housing for individuals with high needs who have been matched to housing. LAHSA's 24-hour crisis housing will replicate DPSS' referral process, which can be further laid out in the RFP. The resulting crisis housing will be geographically dispersed, to the extent that the respondents to LAHSA's RFP are geographically dispersed, LAHSA believes it can procure congregate crisis housing, as private rooms cannot be ensured at the \$24 or \$25 per night rates.



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4. Opportunities for linking GR applicants who need crisis housing with the coordinated entry system in Los Angeles County, the GR Housing Subsidy Program, Single Adult Model (SAM) and/or other systems to address long-term housing needs, the Homeless Management Information System, and/or diversion from the homeless system when possible.

There are opportunities for linking GR applicants who need crisis housing to other enhanced homeless services offered throughout Los Angeles County. Linking GR applicants who need crisis housing to other housing program opportunities or housing-related services available in the community could assist the County in reducing homelessness. Housing programs and services that may benefit GR applicants are as follows:

Coordinated Entry System

The Coordinated Entry System (CES) is a comprehensive system: a community-based network of homeless service providers that is used to assess homeless individuals for other service needs that may contribute to the individual's success of securing adequate housing. The assessment results will generate an array of recommended housing interventions designed to meet the various needs of homeless individuals in a seamless program flow. LAHSA indicates that all applicants referred to shelters for emergency housing services are registered in the CES. Assessing GR homeless applicants through the CES would:

- a. Help applicants move through the system faster, thus reducing time spent moving from program to program. Assessment could identify a direct permanent housing match;
- a. Reduce new entries into homelessness. This may be accomplished by offering prevention and diversion resources upfront, due to an early assessment;
- b. Deliver a more accurate and individualized service plan. The collection of homeless data and personal information will assist in accurately identifying the services needs of a homeless individual; and
- c. Potentially provide enhanced tracking of the applicant's housing status.

The GR Housing Subsidy and Case Management Project

DPSS GR Housing Subsidy and Case Management Project is designed to provide the homeless GR population with a rent subsidy. GR homeless participants have the opportunity to be linked to the GR Housing Subsidy and Case Management Project as long as they meet GR eligibility, and requirements for the rental subsidy. The rental subsidy is offered in seven of the 14 GR District Offices. If eligible, the GR participant will receive a rental subsidy, up to \$400 per month, which is paid directly to the landlord. The GR participant must contribute \$100 toward the rent from his/her monthly GR grant.

To be eligible for the rental subsidy, the GR participant must have ongoing or intermittent history of being homeless. Additionally, the rental subsidies are targeted to service the most vulnerable populations within GR. Those are: 1) Homeless unemployable/disabled individuals pursuing SSI or Veterans benefits; 2) Homeless individuals identified as "heavy users" of County services with DMH, DHS, and Los Angeles Sheriff's Department; 3) Transitional Age Youth between the ages of 18-24; and 4) Homeless employable individuals. Priority to a rental subsidy is granted to the "heavy users".

The project is allocated a total of 1,118 rental subsidies. When the total allocated subsidies are at capacity, a wait list is created. While most subsidies are used every month, there are some subsidies not used each month due to a participant transitioning off of GR or a participant having difficulty locating housing for \$500/month.

GR homeless applicants may be referred for a housing subsidy, but would not be eligible until being approved for GR.

Single Adult Model (SAM)

The Single Adult Model is a multi-departmental collaborative effort by the Chief Executive Office (CEO), DMH, DHS, DPH, DPSS and Community Development Commission that focusses on providing permanent supportive housing to the most frequent users of County services. The SAM model provides a permanent supportive housing subsidy and wraparound case management services. The model capitalizes on the collective expertise each department brings to the table to address the housing and service needs of homeless single adults and assists with the navigation through each respective department's system of care.

GR participants are identified as the "heaviest users" of County services by using an algorithm that considers physical and/or mental health conditions as primary factors, with time on GR, Sheriff Department incarcerations, and MSUDRP involvement all being secondary weighting factors.

The SAM provides 410 permanent supportive housing subsidies with 330 of those being reserved for DPSS' homeless GR participants who have been deemed the "heaviest users" of County services (DMH, DHS, and LASD). The remaining 80 slots are reserved for those street-based homeless identified by DMH's Multi-disciplinary Integrated Teams (MITs).

To the extent that an approved homeless GR participant is identified as a heavy user of County services based on the above algorithm, he/she can be connected to housing through the SAM. GR homeless applicants could be considered for a GR SAM slot once they are approved for GR, if they are identified as an eligible heavy user.

Homeless Management Information System and Diversion from the Homeless System

LAHSA utilizes the Homeless Management Information System (HMIS) to track the use of HUD funding and expenditures, personal data on homeless individuals using their services, personalized program development for participants, reports, and the assessment of trending data. HMIS enables the collection of accurate data aimed to improve program quality.

GR homeless applicants would have the opportunity to be linked to permanent housing opportunities via the matching process in HMIS, especially if they access HUD-funded services during their emergency housing stay. Any GR homeless applicant entered in the Coordinated Entry System will be assessed and all data obtained from that assessment will be entered into the HMIS for tracking purposes (programmatic and budgetary tracking).

The HMIS system provides its users and service providers with a way to better manage their programs and monitor success. Historical or trending data can be used to identify the program needs of homeless individuals, as well as the service provider's success in ending or diverting individuals from homelessness.

This inclusion of GR homeless applicants in HMIS will facilitate their potential diversion out of the homeless services system. Diversion is a service model designed to reduce the number of individuals becoming homeless, the demand for shelter beds, and program wait lists. Through Diversion, individuals and families are connected to resources other than those in the homeless system to help resolve the household's housing crisis. Successful diversions prevent individuals or families from entering the shelter system altogether.



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5. A timeline for phasing-out the use of motels in the Emergency Housing Program.

On August 11, 2015, the Board directed DPSS to partner with LAHSA to establish a new GR Emergency Housing Program with enhanced extended stay services for disabled and Transition Age Youth (TAY) GR applicants, and to explore the feasibility of expanding shelter capacity for homeless GR applicants to reduce DPSS' reliance on hotels/motels. DPSS and LAHSA have discussed the transition of the GR Emergency Housing Program for GR applicants to LAHSA shelter services/crisis housing services. The discussions included the flow of the existing emergency housing referrals, the potential linkage to LAHSA service providers, homeless bed availability and capacity, projected cost, and additional services such as registering GR homeless applicants for LAHSA's Coordinated Entry System. The services indicated above will be memorialized in a contract between DPSS and LAHSA.

To determine a feasible timeline for phasing out the use of motels in the Emergency Housing Program, DPSS and LAHSA must first complete the procurement process. Contingent on the results of the solicitation process, and identification of gaps within the service areas, a timeline can be developed. Things that will be considered in identifying gaps include the following:

- a) Number of shelter services contractors;
- b) Number of shelter beds available per Supervisorial District; and
- c) An evaluation of whether there is sufficient bed capacity per Supervisorial District or Service Planning Area.

If the procurement process does not yield sufficient respondents within each Supervisorial District or Service Planning Area and there is a need for continued use of hotels/motels, then there will be an assessment of whether a rate increase is needed in certain geographic areas to increase participation in the Emergency Housing Program.



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6. An update regarding housing referrals and outcomes from DPSS related to the November 12, 2013 Board Motion which directed the CEO, in coordination with DHS, DMH, DPSS, and DPH, to establish a single adult model (SAM) plan to provide an infrastructure to reduce homelessness for the single adult population.

The SAM Project provides DPSS with 330 permanent supportive housing subsidies of up to \$750 for GR participants who are homeless and “heavy users” of County services, primarily from DHS and DMH, who are on the SSI track. DPSS began outreach to identify SAM project participants in August 2015, meeting with the participant explaining the project and starting the application process.

The SAM Coordinator meets with homeless GR participants in his/her designated GR office to complete the SAM application. Once the application is completed, it is sent via email to the DHS SAM Triage Navigator (TN). The DHS TN will determine if the individual's primary issues are mental or physical health after the review of the SAM application and medical records.

As of October 26, 2015, DPSS referred 12 SAM-eligible participants to the project. There are two GR participants who have been housed through SAM and nine SAM-eligible participants working with an intensive case management provider to identify and secure permanent housing. The project is ramping up and will continue to increase the number of referrals to fill all available slots before the end of the fiscal year.